STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

September 22, 1997

Mr. Sidney Trieger
Health Care Financing Administration
CMSO/FCHPG/DIHS
Mail Stop C-3-18-26
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Mr. Trieger:

We are pleased to submit to you Florida's application for a waiver under the authority of Section 1115(a) of the Social Security Act. The waiver is intended to extend eligibility for family planning services for 24 months postpartum to all women with incomes at or below 185 percent of poverty and who have received a pregnancy-related service paid for by Medicaid.

The Florida Legislature authorized funding for extended family planning services during its 1997 session. If approved, the waiver will increase the number of women receiving family planning services, reduce the number of unintended pregnancies, and reduce Medicaid and public assistance costs. The requested effective date for the waiver is January 1, 1998.

As you review the enclosed material, please feel free to call us for clarification or additional information. The contact person is Gail Vail, AHCA Administrator, (850) 922-7329. We look forward to working with you and your staff during the approval process of this waiver.

Sincerely,

/s/

for Richard T. Lutz, Director
Division of State Health Purchasing

RTL/dhm

MEDICAID ADMINISTRATION
P.O. BOX 13000 • TALLAHASSEE, FLORIDA 32317-3000

LAWTON CHILES, GOVERNOR

Extending Medicaid Family Planning Benefits For Postpartum Women

A Waiver Request Submitted Under the Authority of Section 1115(a) of the Social Security Act to the Health Care Financing Administration U.S. Department of Health and Human Services

State of Florida

Agency for Health Care Administration and the Department of Health

September 1997

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EXECUTIVE SUMMARY

Primary Goal

To reduce the number of unintended pregnancies and the number of births paid by the Florida Medicaid program.

Objectives

- Improve the access to and use of Medicaid family planning services by women of childbearing age who have received a Medicaid paid pregnancy-related service.
- Improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population.
- Decrease the number of Medicaid paid deliveries, which will reduce annual expenditures for prenatal, delivery, newborn and infant care.
- Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid.
- Reduce infant mortality through a comprehensive approach to family planning and coordination with other maternal and child health programs such as Florida's Healthy Start Initiative.
- Reduce teen pregnancy by reducing the number of repeat teen births.
- Estimate the overall savings in Medicaid spending attributable to providing family planning services to women for two years postpartum.

Current Situation

Florida Medicaid covers pregnant women and infants with monthly incomes at or below 185 percent of the federal poverty level. These women are only eligible for benefits for 60 days postpartum. After 60 days, women whose incomes are not within the financial requirements for participation in the traditional Medicaid program lose eligibility for all benefits, including family planning.

If these new mothers do not access family planning services through Medicaid in those two months, and most do not, then they must either pay private providers for these services themselves or use the Department of Health clinics where fees are set on a sliding scale using Family Planning Grant (Title X) funds as a subsidy. The former is unlikely, given the low income status of the women. Therefore, to obtain family planning services after the postpartum period, these women must use Department of Health clinics. Expanding Medicaid coverage of family planning services will allow the Title X family planning program to redirect resources currently spent on women who lose their Medicaid eligibility coverage 60 days' postpartum to providing services to low-income women not eligible for Medicaid.

In 1996, the DOH Family Planning program was only able to provide services to 38.56 percent of women in Florida who needed family planning services. The waiver will enable the Department of Health to redirect resources to this large unserved population. Additionally, according to the Florida Pregnancy Risk Assessment Monitoring System (PRAMS) survey, 61.7 percent of births to mothers in Florida whose payment source was Medicaid were "unintended." This figure represents births which were both "unwanted at conception" or "mistimed." This figure compares to a total of 32 percent of "unintended" births to women who were not eligible for Medicaid.

The Proposal

The Agency for Health Care Administration (AHCA) and the Florida Department of Health (DOH) are requesting a waiver from the Health Care Financing Administration (HCFA) to extend eligibility for family planning services to all women at or below 185 percent of the most current federal poverty level, who have received a Medicaid paid pregnancy-related service. If approved, the waiver will begin January 1, 1998, and end December 31, 2002.

Family planning includes medically necessary services and supplies related to birth control and pregnancy prevention. Services include contraceptive management with a variety of methods, patient education, counseling and referral as needed to other social services and health care providers.

The expanded eligibility will increase timely access to family planning services by enabling women to use private health care providers as well as county health departments to obtain necessary services. It will make it possible for the woman who recently delivered to obtain family planning services from the physician who delivered her baby. It can reinforce the idea of a medical home for that woman allowing for better care coordination.

Benefits and Costs

The project expects to provide family planning services to an estimated monthly caseload of 11,000 women at full implementation. It is anticipated that the caseload will increase by 500 enrollees per month until full expansion is achieved. Estimated caseloads were obtained by assuming that half of those women losing Medicaid eligibility in the postpartum period would elect to obtain family planning services under the waiver.

The DOH rate of enrollment in family planning for Improved Pregnancy Outcome (IPO) participants was 44.5 percent in 1996. Due to both the extensive outreach planned for this project and the ease of enrollment, the expected participation rate in the family planning waiver has been estimated at 50 percent

A variety of approaches have been used to calculate the number of births that can be averted by providing family planning services. Florida's estimate is based on the most conservative methodology proposed by Lopez et al. (1995) and derived from information from Florida programs. Without the program, 27 percent of the women would give birth within 12 months. With participation in the program, 79 percent of these births (8,115 births) would be averted over the life of the project

Savings are projected to begin accruing nine months after program implementation and are assumed to be evenly distributed over the months of the year. The total cost of prenatal, delivery, newborn, and first year infant care costs is estimated to be $7,802 per pregnancy. Applying short term Medicaid savings to this figure and assuming no increases in the cost of service, $63.3 million will be saved by providing family services over the life of the five-year project

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The average annual cost of Medicaid family planning services is $237 per person based on Medicaid state FY 1995-96 data. Overall family planning costs of serving the projected caseload is $11.6 million over the life of the project. Deducting this amount from projected savings due to averted births, the project would reduce future Medicaid service costs by $51.7 million by the fifth year.

INTRODUCTION

The Agency for Health Care Administration, in conjunction with the Florida Department of Health! is submitting this waiver application to the Health Care Financing Administration (HCFA) to extend eligibility for family planning services for 24 months postpartum to all women with incomes at or below 185 percent of the most current federal poverty level, who have received a Medicaid paid pregnancy-related service.

Currently! Florida Medicaid provides coverage for pregnant women and infants with monthly incomes at or below 185 percent of the federal poverty level. These women are only eligible for Medicaid benefits for 60 days postpartum. After 60 days, women whose incomes exceed the categorical limits for participation in the traditional Medicaid program lose eligibility for all benefits, including family planning. In 1995, 11,992 women in need of counseling and pregnancy prevention services after the birth of a baby, lost Medicaid coverage after the completion of a pregnancy.

The project will extend Medicaid eligibility for family planning services for two years postpartum for women who would have otherwise lost eligibility. The risks associated with unintended or inadequately spaced pregnancies are widely recognized (Lewit et al., 1995). Improving the spacing of births among this population will reduce the number of future births supported by Medicaid funding and the resultant infant health care costs, since most infants do not lose eligibility with the mother.

Although these savings alone would make the project cost-effective, savings also may be realized in the Temporary Assistance for Needy Families (TANF) program by helping women to avoid unintended pregnancies.

Public health should also improve with a concomitant benefit from a decrease in the rate of sexually transmitted diseases as a result of early detection and treatment during family planning visits.

Purpose

If approved, this project will allow Florida Medicaid to provide family planning services to eligible women for two years postpartum, with the expectation of increasing the child spacing interval and improving future birth outcomes. Reducing the number of inadequately spaced and unintended pregnancies should lead to a net savings for the Medicaid program.

The primary goal of the family planning project is to reduce the number of unintended pregnancies and the number of births paid by the Florida Medicaid program. A recent Department of Health Family Planning Program cost-benefit analysis, based on a 1995 study by the University of South Florida, College of Public Health, and a 1994 study by the consulting group, Health Policy Analysts, concluded that for every dollar spent on family planning services, at least $24 is saved. The Medicaid family planning project will improve access to family planning services by extending Medicaid eligibility for family planning benefits and expanding outreach and education services.

Objectives

- Improve access to and the use of Medicaid family planning services by women of childbearing age who have received a Medicaid paid pregnancy-related service.
- Improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population.
- Decrease the number of Medicaid paid deliveries, which will reduce annual expenditures for prenatal, delivery, newborn and infant care.
- Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid.
- Reduce infant mortality through a comprehensive approach to family planning and coordination with other maternal and child health programs, such as Florida's Healthy Start Initiative.
- Reduce teen pregnancy by reducing the number of repeat teen births.
- Estimate the overall savings in Medicaid spending attributable to providing family planning services to women for two years postpartum.

Background

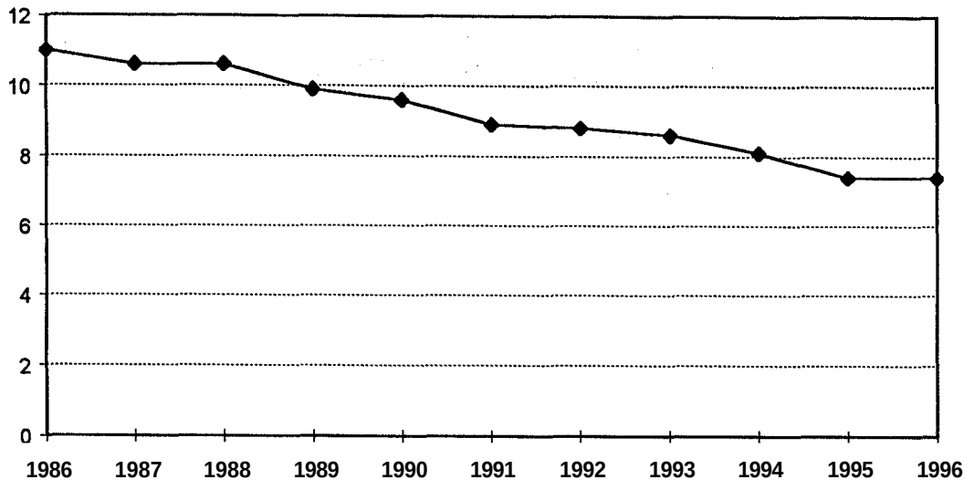
Florida is a multicultural state with complex growth and health care problems. Florida's population will increase from 14 million in 1995 to 17 million by the year 2010. The number of people in poverty has risen from 13 percent in 1985 to 16 percent in 1995, In addition, there are nearly 3 million Floridians without health insurance.

It is estimated that there were 581,867 women aged 13 to 44 who were in need of subsidized family planning services during state FY 1995-96. This estimate is based on women of reproductive age who are not pregnant, who do not wish to become pregnant, who are not sterile and who have incomes at or below 185 percent of poverty level.

Florida is an innovative leader in its commitment to maternal and child health services. For example, in 1991 Florida implemented the Healthy Start Initiative to improve the birth and health outcomes of Florida's mothers and babies. Healthy Start assures a full spectrum of prenatal and infant care, including care coordination, parenting education, childbirth education, nutritional counseling, smoking cessation and psychosocial services, for all women and infants in Florida. Programs such as Healthy Start have expanded eligibility to greater numbers of pregnant women, ensuring that prenatal care is provided to reduce risks to pregnant women and their children.

Healthy Start has already demonstrated success, as evidenced by the lower proportion of infants who die prematurely or suffer from conditions such as developmental delay and nutritional deficits. Florida's infant mortality rate declined from 11.0 in 1986 to 7.4 per 1,000 live births in 1996 (see Figure 1).

Figure 1. Infant Mortality - Florida 1986-1996



Source: Department of Health, Office of Planning, Evaluation and Data Analysis. Public Health Indicators Report, October 1996, and Florida Public Health Indicators Data System, August 1997.

Many of the improvements in the infant mortality rate can be attributed to Healthy Start, which increased access to family planning, prenatal care, and risk screening for mothers and babies. Limited Medicaid benefits (prenatal care, delivery and 60 days of family planning services postpartum) are also available for pregnant women whose incomes are below 185 percent of the federal poverty level.

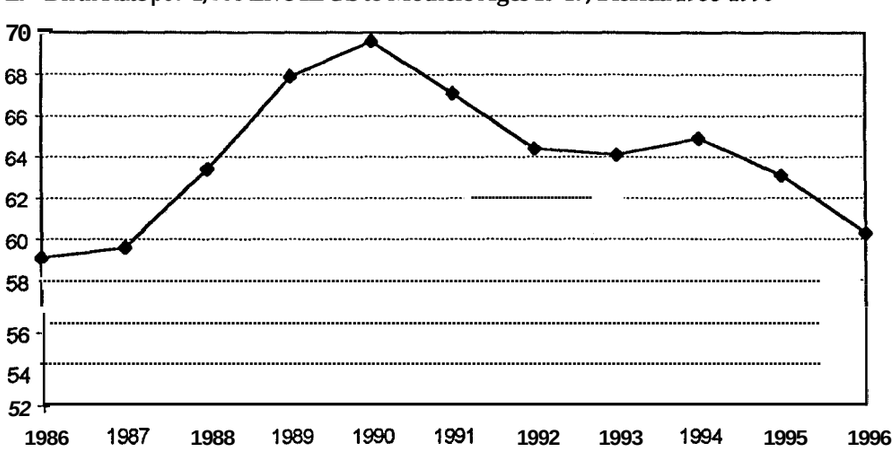
Although Florida's Medicaid program has grown and changed since the 1980's, it does not provide adequate coverage to prevent unwanted or unintended pregnancies. In 1996, 1 in 4 Florida births were to women who did not plan to become pregnant, and 1 in 7 babies were unwanted at conception (Hopkins & Watkins, 1996).

The frequency of unintended pregnancy, as measured by births to teens and unmarried women, is higher among low-income women. The most conservative estimate indicates that use of family planning services reduces a low-income woman's probability of pregnancy by 79 percent (Lopez, et al., 1995) during any year that she uses family planning services.

Nonetheless, Medicaid coverage ends for women covered under the expanded eligibility provisions after just 60 days postpartum. Thus, these women are vulnerable to the risk of an unwanted or unintended pregnancy, which is likely to be paid for with Medicaid resources. Women with unintended pregnancies are also at higher risk for poor birth outcomes which can be considerably more expensive. Research indicates that birth defects, mental retardation, prematurity, maternal and infant deaths, infectious disease in both parents and children, child abuse and other adverse outcomes are increased when family size is large, when births are closely spaced and when pregnancy occurs late in a woman's reproductive life (Brown et al., 1995).

Children born to adolescent parents also face a number of challenges and risks. Their children are more likely to have health problems, live in poverty and receive poor parenting. Adolescents often lack education and the economic means to support children. Ten percent of all births in Florida are to single adolescent mothers, compared to nine percent nationally. During 1995, 26,165 Florida adolescents under age 20 gave birth. Although steadily declining, Figure 2 shows that the birth rate per 1,000 live births to Florida mothers ages 15 to 19 was 60.28 in 1996. Nationally, the birth rate per 1,000 live births for this population was 55.6 in 1996.

Figure 2. Birth Rate per 1,000 Live Births to Mothers Ages 15-19, Florida 1986-1996



Source: Department of Health, Office of Planning, Evaluation and Data Analysis. Public Health Indicators Report, October 1996, and Florida Public Health Indicators Data System, August 2997.

According to a study conducted by the University of Florida, College of Medicine (1988), increased months between births to adolescents decreases the incidence of low birth weight babies from 25 percent for 11 months to 7.8 percent for a 35-month interval. Low birth weight refers to a baby born weighing less than 2,500 grams or less than 5 pounds. The percent of low birth weight births in Florida was 7.9 in 1996.

ADMINISTRATION

Administering Agency

The Medicaid Program is administered by the Florida Agency for Health Care Administration (AHCA). Medicaid program operations *are* managed through four bureaus: Program Development, Program Analysis, Contract Management, and Third Party Liability. The Tallahassee headquarters office develops policy, manages and analyzes all Medicaid data, controls the budget, performs audit functions and manages the **state's** fiscal agent Eleven area offices administrators report directly to the Medicaid Director of Operations. The area office responsibilities include provider and consumer education, claims resolution, policy interpretation and facility reviews.

AHCA coordinates the provision of Medicaid services with the Departments of Health and Children and Family Services. Effective July **1,1996,** the Department of Health and Rehabilitative Services (DHRS) was divided into the two above-named executive agencies. The Division of Economic Services of the former DHRS is located in the Department of Children and Family Services (renamed the Division of Economic Self Sufficiency Services) and is responsible for taking applications and determining eligibility for many public assistance programs, including Medicaid and Temporary Assistance for Needy Families. The Division, through the Tallahassee Headquarters Office and **15** District Offices, is also responsible for the development and maintenance of eligibility policy in compliance with federal and state laws.

Title X Family Planning Services

The Florida Department of Health is charged **with** protecting and improving the health of Florida residents. The Department Secretary also serves as the State Health Officer.

There are five divisions within the Department of Health: Environmental Health, Disease Control, Family Health, Administration, Medical Quality Assurance, and Children's Medical Services at the Deputy Secretary level.

The Department's service network includes 67 county health departments with over 200 service sites. The Department receives Title V, Maternal and Child Health Block Grant, and Title X, Family Planning federal grant funds and oversees their distribution and use statewide. DOH has been the state grantee for Title X since the inception of the family planning program.

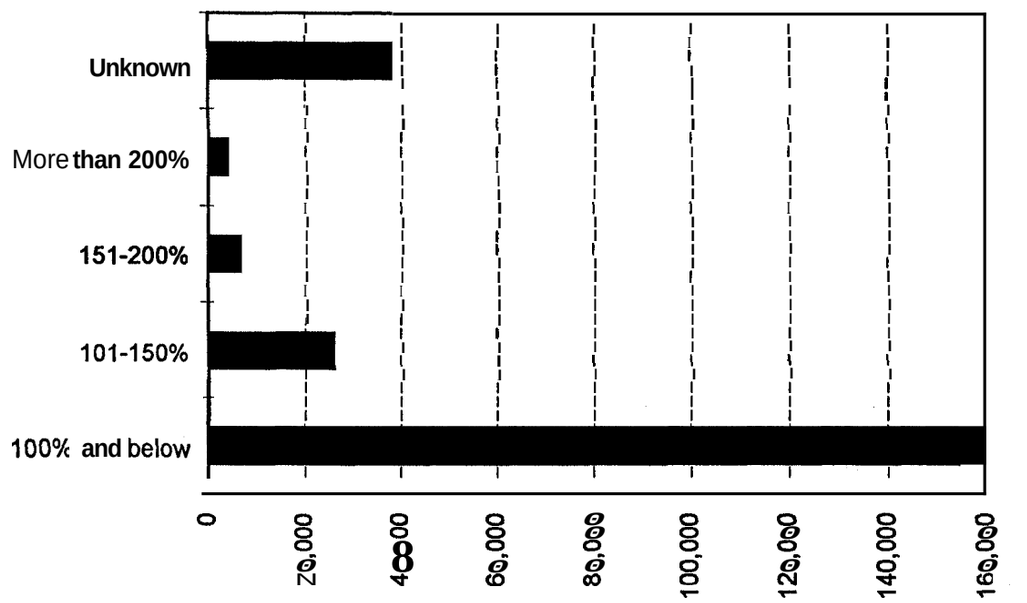
Each of the 67 county health departments is actively involved in providing comprehensive family planning services, while nine private providers offer either comprehensive or specialized family planning services. ALL women and men of reproductive age are eligible for services. Priority is placed on serving low-income women who are at risk of unwanted pregnancy. Women in need of family planning services are those ages 13 to 44, with incomes at or below 185 percent of the federal poverty level. This population is most at risk for unintended pregnancy and is less able to obtain needed health care services.

The Family Planning Program provides, on a voluntary basis, the information and means to achieve child spacing and planned family size. ALL family planning clients are offered educational materials, initial counseling, an explanation of procedures, laboratory tests, and a physical examination. New contraceptive methods now available include Norplant, Depo-Provera, Vaginal Contraceptive Film, Paragard IUD, and emergency contraceptive pills. Clients are given an overview of contraceptive alternatives. Treatment of specific problems, such as infections and sexually transmitted diseases, or follow-up visits after starting a particular contraceptive method, are also offered. Additional health needs and economic services are provided to clients through referrals.

Florida has a reputation for being on the cutting edge in family planning service provision. Florida was one of the first states in the nation to offer Norplant and Depo-Provera. In the same innovative spirit, most counties have teen clinics with special hours, select staff, accessible locations, and activities that fit teenagers' needs. For example, the Pinellas County Teen Clinic is located in a shopping mall. Many counties have teen pregnancy prevention task forces, and/ or special education programs for teens.

Statewide in FY 1996, 231,092 people received family planning services, including 6,744 men. Of these, 94 percent had incomes at or below 150 percent of poverty. During 1996, 63,553 teenagers received family planning services. There were 3,425 voluntary sterilizations (3,025 to women and 400 to men) provided.

Figure 4. Family Planning Users by Income as a Percent of Poverty, 1996



Number of Family Planning Users

Source: Florida's Title X Annual Report

The Department of Health places great emphasis on the quality improvement peer review process, which identifies and evaluates the health indicators, structures and processes which influence outcomes of public health services. The desired outcome of the process is to enhance the ability of county health departments to protect, maintain and improve the health of the local community. The quality improvement peer review process includes initial data gathering, a site visit, a concluding workshop and follow-up to support continuous quality improvement.

The proposed expansion of Medicaid eligibility would augment current family planning services offered through Title X and the Department of Health.

The expansion of Medicaid eligibility to women who currently receive only Title X funded services will allow Title X funds to be used to enhance outreach, education and other services to low-income women who are not eligible for family planning services under Medicaid.

PROJECT DESIGN

Target Population

This program will extend Medicaid coverage for family planning services to all women throughout Florida who:

1. have received a Medicaid paid pregnancy-related service during the period January 1,1998 to December 31,2002;
2. are of child bearing age, and
3. lose Medicaid coverage on or after the beginning date of this demonstration project.

Eligibility and Duration

Eligibility for Florida Medicaid is determined by the Department of Children and Family Services (DCF), Office of Economic Self Sufficiency Services, in the 15 DCF district offices. When a Medicaid recipient is due to lose eligibility, a system-generated notice is mailed to the recipient giving the recipient notice of Medicaid termination. With this waiver, members of the target population, not eligible for Medicaid coverage through another category, will receive a notice sent by the Medicaid fiscal agent informing them of their continued eligibility for family planning services. This notice will also include an explanation of the family planning services available to them.

A special eligibility category will be created in Florida's Medicaid Management Information System (FMMIS) to accommodate the target population. Members of the target population due to lose Medicaid coverage will be moved to the new eligibility category and will automatically become eligible for extended family planning services.

Women deemed eligible for these extended services will retain their Medicaid identification card. Providers will continue to use the eight-digit number on the front of the Medicaid identification card to access the recipient's file and verify eligibility.

Members of the target population will receive Medicaid coverage of family planning services for two years after giving birth, a miscarriage, or other termination of pregnancy. Any change in family income or resources, whether reported or not, will be disregarded. Loss of eligibility will occur only when a woman moves from the state, becomes pregnant or otherwise Medicaid eligible, or disenrolls.

Enrollment in the project will take place continuously throughout the duration of the project.

Family Planning Benefits

Family planning includes medically necessary services and supplies related to birth control and pregnancy prevention. Services include contraceptive management with a variety of methods, patient education, counseling, and referral as needed to other social services and health care providers.

Women enrolled in the demonstration project will be eligible for all family planning services covered by the Florida Medicaid program (see Appendix 1 for current Medicaid Family Planning Services).

Service Delivery

The mission of the Family Planning program is to improve the health of Florida's women and babies by reducing unplanned pregnancies and promoting positive pregnancy outcomes. Family planning services are a major preventive strategy for reducing unintended and/or inadequately spaced pregnancies and also serve as the intervention and referral site for other women's health concerns. Family planning services are often the only contact with a health care provider for large numbers of low-income women.

The Medicaid client is assured freedom to select any Medicaid family planning provider from the following provider types: physicians, physician assistants, nurse practitioners, county health departments, rural health clinics, federally qualified health centers, birth centers, and family planning projects or agencies who are enrolled in Medicaid.

Upon enrollment and certification as a Medicaid provider, the provider may bill for Medicaid family planning services within their scope of practice. Providers receive family planning service information through provider notices, quarterly bulletins, and updates to their provider manual.

In addition, new providers will receive information regarding the extended family planning services in their Medicaid enrollment package.

The project will support collaboration with existing public health services (i.e., Healthy Start, sexually transmitted disease and HIV/AIDS programs, nutrition services and school health services). The project will address some of the Florida Department of Health's highest priority goals as delineated in the 1996-2002 Agency Strategic Plan. Project objectives will support the Department's goals to reduce teen pregnancy with associated repeat teen births and to reduce infant mortality and improve birth outcomes. Improved access to family planning in coordination with other public health services will have a significant impact on Florida's efforts to support continued decreases in infant mortality and teen pregnancy.

Medicaid and DOH will use information from the evaluation process (e.g., client satisfaction surveys) to improve family planning services. DOH will determine the feasibility of expanding family planning clinical services through evening and weekend clinics, developing neighborhood specific pregnancy prevention strategies, and initiating other expansion projects based on need and available resources. These efforts in combination with the waiver should allow the state to serve more clients.

Outreach/Public Awareness

Outreach and public awareness are components of the Healthy Start Initiative, the Healthy Communities, Healthy People Plan and the Florida Department of Health Agency Strategic Plan. In addition, the county health departments have developed partnerships with local agencies and school districts. These existing programs and collaborations will support public awareness activities related to the family planning waiver.

Upon expansion of Medicaid eligibility, a brochure which outlines the covered family planning services will be available at county health departments, Children's Medical Services offices, hospital postpartum units and nurseries/ economic services and WIC programs. The brochure will also be included in packets of information mailed through the Family Health Line.

—The ***Family Health Line*** (formerly the Healthy Baby Hotline) is a statewide toll-free line sponsored by the Healthy Start Initiative. Family Health Line staff have received training about the Statewide Family Planning Program and provide information and referrals regarding family planning, prenatal care, parenting information, Medicaid coverages for pregnant women, immunizations, well baby care and other issues affecting the health and needs of families, mothers and babies. As previously noted the Health Line staff will also be able to provide information and distribute brochures regarding the family planning waiver.

All county health departments provide families with the Family Health Line toll-free number. It is also advertised on radio, television, transit ads, billboards and the coordinated efforts of all Healthy Start Coalitions in Florida. Brochures are also available with information and Health Line phone numbers. The Family Health Line utilizes a professional translation service, which allows for access to interpreters representing 140 languages.

The ***Help*** Them ***Thrive Birth-to-Five Campaign*** is a unique and creative vehicle designed to influence programs and individual behaviors for improved health outcomes. The Help Them Thrive Birth-to-Five Campaign and its related materials were developed in response to client needs, garnered through extensive interviewing with this target population. One of the key campaign focus areas is family planning. This carefully planned social marketing campaign with its associated products and toll-free hotline will serve as a vehicle for public awareness of the family planning waiver.

The Florida Developmental Disabilities Council (DDC) partnered with the University of South Florida (USF), College of Public Health (COPH) and over 50 state and local organizations to develop the Help Them Thrive Birth-to-Five program.

A packet of promotional materials was deve
extensive research and tested and approved by families based on extensive res
Every effort was made to assure that all elements, from layout to literacy levels, accurately reflect the intended audience. Materials are easily accessible and are available in both Spanish and English.

Planned Parenthood of Southwest Florida, Inc., designed the family planning promotional and educational material. Promotional materials include lively MTV-type television commercials appealing to teens with a message that "Babies are great if you can wait;" radio spots directed to women who already have at least one child; outdoor boards, posters and transit advertising address ideas like baby spacing. Brochures are available on condoms, birth control and baby spacing. The DOH Family Planning Program and Medicaid will contract with USF COPH to build on the public awareness activities of the Help Them Thrive Birth-to-Five campaign for consistency, appearance and similar social marketing. A brochure will be developed and will address extended family planning services available through the Medicaid waiver.

Family planning is synonymous with prenatal care and the goals and activities of Florida's *Healthy Start* program. Postpartum women who currently meet Healthy Start risk criteria may receive care coordination for one year postpartum. The Healthy Start Care Coordinators will counsel these women on the availability of continued Medicaid eligibility for family planning services for two years postpartum. The public health school nurses will be able to follow-up and provide outreach to postpartum teens regarding family planning services available through the waiver.

Coordination of all providers will be assured through the involvement of the local Healthy Start Coalitions. There are 30 Healthy Start Coalitions which cover 64 of the 67 counties in Florida. These Coalitions assure that local communities have a voice in making decisions about the system of care for pregnant women and infants. Membership in the Coalitions includes public and private providers of care, consumers, maternal and child advocates, schools, business people, civic groups and local government. The Coalitions determine how the legislatively-appropriated funds for Healthy Start services are allocated to community service providers. Coalition representation will be evident on a public awareness task force. In some communities, there are active Healthy Start Community Liaisons who can serve as the conduit of information to the community regarding the availability of extended family planning services.

The Florida Department of Health also has a well developed model telecommunications system. The DOH has a statewide teleconference network with two satellites and 66 downlink sites within 40 miles of every Florida resident. An audio teleconferencing system is available where virtually anyone with a phone may participate. The capability is available to link with the local cable service to provide broadcast service directly into the home. DOH also has partnered with the State Department of Education, which has 33 downlink sites, and the State Department of Corrections, which has 150 downlink sites. DOH also has an Office of Communications and Health Promotion that has experience in mass media targeted through television, newspapers and radio.

The DOH Family Planning Program would offer an initial public awareness program to the community health care system and associated Medicaid provider network through a statewide training video teleconference. The video teleconference format would be utilized to inform these participants of the existence of the family planning waiver and how to inform the targeted population of the availability of the service. Training and education could also be offered through this format to private Medicaid providers regarding the use of appropriate Medicaid billing codes and other information necessary for waiver implementation.

A public awareness task force will be assembled to develop outreach and public awareness. The task force will include consumers and representatives from all involved agencies. Through this group process, recommendations and strategies will be prioritized based on the attached Compendium of Public Awareness Activities (see Appendix 2).

CASELOADS AND FINANCING

The proposed demonstration waiver project is cost-effective, efficient and consistent with the objectives of the Medicaid program. The state proposes to begin the project, January 1,1998, and continue the project for five years, ending December 31,2002. The project expects to provide family planning services to an estimated monthly caseload of 11,000 women at full implementation. With any increases in the target population as a result of changes in recipient eligibility status, this estimated caseload would also increase.

Caseload Projections

According to state FY 1995-1996 Medicaid data, an estimated 1,000 women completing a pregnancy lose Florida Medicaid coverage per month. Estimated caseloads were obtained by assuming that half of those women losing Medicaid eligibility in the postpartum period would elect to obtain family planning services under the waiver. It is anticipated that the caseload will increase by 500 enrollees per month until full expansion is achieved.

The 50 percent participation rate assumes that the rate of postpartum family planning utilization) will be higher for this project than that achieved by the Department of Health for its Improved Pregnancy Outcome (IPO) participants (44.5 percent), given the extensive outreach planned and the ease of enrollment. Participants will already be accustomed to using their Medicaid card to obtain services. Outreach activities are also expected to increase utilization of family planning services by other postpartum Medicaid eligibles, which is presently below the rate achieved in the IPO program (see Table 1).

Table 1. Estimated Monthly Caseload by Year

Yearly client estimate = 6000

Month	Year One	Year Two	Year Three	Year Four	Year Five
1	500	6,500	11,000	11,000	11,000
2	1,000	7,000	11,000	11,000	11,000
3	1,500	7,500	11,000	11,000	11,000
4	2,000	8,000	11,000	11,000	11,000
5	2,500	8,500	11,000	11,000	11,000
6	3,000	9,000	11,000	11,000	11,000
7	3,500	9,500	11,000	11,000	11,000
8	4,000	10,000	11,000	11,000	11,000
9	4,500	10,500	11,000	11,000	11,000
10	5,000	11,000	11,000	11,000	11,000
11	5,500	11,000	11,000	11,000	11,000
12	6,000	11,000	11,000	11,000	11,000
Client Years of Service	3,250	9,125	11,000	11,000	11,000

Savings

The cost of extending family planning benefits is more than covered by savings in future Medicaid prenatal, delivery, newborn and infant care costs. In FY 1996-97, Florida Medicaid spent an average of $3,156 per infant enrolled in the program who was less than a year old. Children born to women participating in the Medicaid program are automatically eligible for Medicaid unless there is a significant change in the family's income post-delivery, even for those women who lose Medicaid eligibility.

Currently, data are not routinely calculated on the cost of prenatal care and delivery, which includes initial newborn care. However, based on a cohort of 1995 women giving birth in January 1996, costs of delivery are estimated at $3,255. The average expenditure during the prenatal period is $1,391. This number was obtained using a cohort of women giving birth in March 1996. This brings the total average expense of all prenatal, delivery, newborn and first year infant care costs to $7,802 per pregnancy, excluding pharmacy expenses. Subtracting the average annual cost of family planning services ($237), Medicaid would save $7,565 for each birth averted by providing family planning services.

A variety of approaches have been used to calculate the number of births that can be averted by providing family planning services. Florida's estimate is based on the most conservative methodology proposed by Lopez et al. (1995), and derived from information from Florida programs. According to Lopez, without the program, 27 percent of the women would give birth within 12 months. With program participation, 79 percent of these births would be averted. The 27 percent fertility rate is consistent with findings from a control group for the Resource Mother program funded under a current section 1115 waiver to prevent second pregnancies for women giving birth under Medicaid in the Gainesville area. The rate of pregnancy for those in the control group who dropped out of tracking was 27.4 percent The rate of pregnancy was 7.1 percent for those receiving services who stayed in the program.

Using the Lopez approach, an estimated 8,115 pregnancies will be averted over the life of the project. Savings are projected to begin accruing nine months after program implementation and are assumed to be evenly distributed over the months of the year. This means that the full benefit is not realized until 22 months, plus nine months, has elapsed. Applying short term Medicaid savings to this figure and assuming no increases in the cost of service, the project will save $63,314,322 over the five-year period (see Table 2).

Table 2. Averted Pregnancies by Year

Month	Pregnancies Averted				
	Year 1	Year 2	Year 3	Year 4	Year 5
1		44.43	151.10	195.55	195.55
2		53.32	159.99	195.55	195.55
3		62.21	168.88	195.55	195.55
4		71.10	177.77	195.55	195.55
5		79.98	186.66	195.55	195.55
6		88.87	195.55	195.55	195.55
7		97.76	195.55	195.55	195.55
8		106.65	195.55	195.55	195.55
9	8.89	115.54	195.55	195.55	195.55
10	17.77	124.43	195.55	195.55	195.55
11	26.66	133.32	195.55	195.55	195.55
12	35.55	142.21	195.55	195.55	195.55
Yearly Totals	88.87	1119.82	2213.25	2346.6	2346.6
Savings/Year	$693,364	$8,736,836	$17,267,777	$18,308,173	$18,308,173
Total Savings =$63,314,322					
Total Averted Pregnancies = 8,115					

The proposed project will not only provide family planning services for women who are not currently receiving them, it will also allow the Title X family planning program to redirect resources currently spent on women who lose their Medicaid coverage 60 days postpartum to providing family planning services to low-income women not eligible for Medicaid. This may also result in lower Medicaid and TANF expenditures in the future.

Program Costs

There are some costs associated with achieving these savings. The average annual cost of Medicaid family planning services is $237 per person based on Medicaid state FY 1995-96 data. Overall costs of serving the projected caseload is **$10,753,875.** Deducting this amount from projected savings from averted births, the project would reduce future Medicaid service costs by **$51,684,147** upon completion of this demonstration project (see Appendix 3 for details by year, and State and Federal Cost Distribution tables for matching data).

WAIVERS

Florida requests federal authorization to waive the following provisions of Title XIX of the Social Security Act to implement extended family planning services:

- *Eligibility.* Florida requests a waiver of Section 1902(a)(10(A) and the implementing regulations of 42 CFR Part 435, in order to extend family planning services to individuals who meet income requirements and who have had a Medicaid-financed pregnancy, regardless of whether they satisfy the optional or mandatory categories for Medicaid eligibility.

- *Amount, Duration and Scope of Services.* Section 1902(a)(10(B) and 42 CFR, ss. 440.230-250, require that the amount, duration, and scope of services be available equally to all recipients within an eligibility category and be available equally to categorically eligible recipients and Medically Needy recipients. The amount, duration and scope of services for women receiving extended family planning services will vary from those available to recipients enrolled in traditional eligibility categories.

  Section 1902(a)(10 and 42 CFR, ss. 441.10-.62, contain minimum requirements for Medicaid benefits. A waiver of the minimum benefits is required for extended family planning service recipients, who will be ineligible for other benefits covered in the traditional Medicaid eligibility categories.

- Income *Limitations.* Section 1902(1), Section 1903(f), and 42 CFR, s. 435.100 et seq., prohibit payment under Medicaid to states which implement eligibility standards in excess of the maximum allowed by federal regulations. Florida requests a waiver to expand eligibility for family planning services to individuals with family incomes up to 185 percent of the federal poverty level. Income levels for other Medicaid eligibility categories will remain as stated in the Medicaid State Plan.

- ***Resource Limitations.*** Sections 1902(a)(10(A)(ii,(II) and 1902(a)(17) and 42 CFR, Subparts G and H, *require* states to take into account income or resources of individuals who are not receiving assistance under TANF who might otherwise become eligible for assistance under TANF. Women who receive expanded family planning services will not be subject to an asset test as part of the eligibility determination for federally-financed medical assistance.

- *Other* ***Eligibility Standards and Procedures.*** Florida requests a waiver ss. 1902(a)(17) and 1902(a)10) and 42 CFR, s. 435.100 and 42 CFR, ss. 435.602-.823, to enable the state to waive income disregards and resource limits, base financial legibility solely on gross income, waive income determining rules and base eligibility on a household family unit. Florida requests a waiver of Sections 1902 (a)(10)(A) and 1902(a)(34) and 42 CFR, ss. 435.401 and 435.914, to enable the state to streamline eligibility rules for extended family planning services and base income eligibility solely on gross income.

- ***Erroneous*** *Payments.* Section 1903(u) permits HCFA to withhold FFP for a state's erroneous excess payments for medical assistance. The Secretary may reduce FFP where erroneous payments exceed three percent of total medical assistance expenditures. Florida requests a waiver of s. 1903(f) and implementing regulations at 42 CFR 435.100 et. seq., which restrict Medicaid payments to eligibles whose incomes are no more than the state's AFDC/TANF eligibility level. Florida requests a waiver of these requirements to the extent that family planning services provided to women who would not otherwise be eligible for Medicaid could be deemed to constitute erroneous payments, the annual income determination process could result in payment to individuals whose income changed prior to the next eligibility determination, or payments could be made for individuals who are no longer entitled to the support level to which they were entitled at the time of initial application.

- Other Restrictions. Florida requests that the Department of Health and Human Services (DHHS) grant any other waiver that DHHS deems necessary to implement extended family planning services for women who meet the eligibility requirements described in this waiver application.

EVALUATION

The demonstration project proposes to assess the impact of expanding Medicaid eligibility and, therefore, payment for family planning services in the public and private set-comparing data on utilization of family planning services, pregnancy spacing and birth rates following the initiation of this project, to baseline data collected in the initial stage of the project.

The University of South Florida (USF), College of Public Health (COPH) has a history of managing maternal and child health related programs under the College's Lawton and Rhea Chiles Center for Healthy Mothers and Babies. This Center was established by Dean Charles S. Mahan, M.D., an internationally recognized expert in maternal and child health, who, while serving as Florida's State Health Officer, directed the design and implementation of the Healthy Start Initiative for Governor Chiles and the Florida Legislature. The mission of the center is to reduce maternal, infant and child mortality and morbidity through research, education, and program development and evaluation.

AHCA will contract with the USF-COPH Lawton and Rhea Chiles Center to design and implement an evaluation process. The evaluation will include analysis of appropriate outcome indicators to determine the extent to which the hypotheses were realized. For each hypothesis, information will be presented by age group and eligibility category. The evaluation will also include qualitative research into why eligible women may or may not access available family planning services. A client satisfaction survey will also be designed and implemented.

Each hypothesis is presented here in outline form along with an outcome measure and the data requirements. The project is expected to produce positive results for Florida and the hypotheses are worded to reflect this.

Hypotheses

Hypothesis 1:	*The demonstration waiver will result in an increase in the annual proportion of clients receiving Medicaid paid family planning services in Florida.*
Measure:	The number of women who receive a Medicaid paid family planning service in a year.
Data Required:	The number of women receiving a Medicaid paid family planning service.
Data Source:	Florida Medicaid Program
Hypothesis 2:	*The proportion of women in the target population who experience repeat Medicaid deliveries within two years will decline.*
Measure:	The proportion of women with a birth paid for by Medicaid during a fiscal year who have a subsequent Medicaid paid birth within two years.
Data Required:	The number of Medicaid paid births during a fiscal year. The number of women having a Medicaid birth paid during a fiscal year who have another Medicaid birth within two years.
Data Source:	Florida Medicaid Program
Hypothesis 3:	*The demonstration waiver will result in a decrease in the annual rate of Medicaid paid deliveries in Florida.*
Corollary 3a:	A decrease in Medicaid paid deliveries in Florida will result in a decrease in annual expenditures for prenatal, birth, newborn and infant care expenditures.
Measure:	The number of fiscal year Medicaid paid deliveries along with associated prenatal, delivery, newborn and infant care expenditures.
Data Required:	The aggregate number of fiscal year Medicaid paid deliveries and associated total expenditures.

Data Source: Florida Medicaid Program

If the absolute number of Medicaid paid deliveries does not decline and the associated expenditures increase, then hypothesis 4 will be tested.

Hypothesis 4: *The demonstration* waiver *will result in a slower annual rate of growth in Medicaid paid deliveries in Florida.*

Corollary 4a: A slower annual rate of growth in Medicaid paid deliveries in Florida will result in a slower annual rate of growth in expenditures for prenatal, delivery, newborn and infant care.

Measure: The percentage change in the number of Medicaid paid deliveries each fiscal year along with the change in associated prenatal, delivery, newborn and infant care expenditures will be compared to what would be expected given population growth by age cohort, and the economy, as measured by percent of women of child bearing age in households below 185 percent of the federal poverty level.

Data Required: The aggregate number of fiscal year Medicaid paid deliveries and associated total expenditures. The number of women of child bearing age and percent of women in households below 185 percent of the federal poverty level.

Data Source: Florida Medicaid Program

Hypothesis 5: *The demonstration waiver will produce a net annual savings in State and Federal Medicaid expenditures for birth-related services.*

Measure: The estimated fiscal year Medicaid savings from births prevented by the waiver less fiscal year Medicaid family planning expenditures for the waiver target population.

Data Required:	The difference between the expected number of Medicaid paid births, due to a conception in a given fiscal year, to the waiver target population and the actual number of Medicaid paid births to this population multiplied by the average associated prenatal, birth, newborn and infant care costs. The total fiscal year Medicaid family planning expenditures for the waiver target population.
Data Source:	Florida Medicaid Program
Hypothesis 6:	*The demonstration* ***waiver*** *will* ***support a continued decrease in the*** *Florida* ***resident infant death rate.***
Measure:	The number of Florida resident infant deaths divided by the number of the number of Florida resident births multiplied by 1000 to establish a rate.
Data Required	The Florida resident infant deaths and the total number of births.
Data Source:	Florida Department of Health Vital statistics
Hypothesis 7:	*The* ***demonstration waiver*** *will* ***result in a decrease in the annual*** *teen* ***birth rate and associated repeat teen pregnancies.***
Measure:	The number of births to teens (age 19 and under) divided by the total number of teens (age 19 and under) multiplied by 1000 to establish a rate.
Data Required	The number of births to teens (age 19 and under) and the total number of teens (age 19 and under).
Data Source:	Florida Department of Health Vital statistics

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APPENDICES

Appendix 1
FLORIDA MEDICAID FAMILY PLANNING SERVICES

Initial Family Planning Visit

The initial family planning visit must include the following minimum components:

- health history,
- pre-examination education session,
- physical examination,
- required laboratory tests,
- selection of contraceptive method, provision of supplies, and
- post-examination interview.

Annual Family Planning Visit

The annual family planning visit must include the following minimum components:

- updating the original data in the patient record,
- physical examination,
- required laboratory tests,
- addressing renewal needs of contraceptive method, and
- post-examination interview.

Counseling Visit

Counseling visits are rendered to discuss the family planning method chosen, or to discuss other available methods.

The following components must be provided:

- all information necessary to increase the recipient's understanding of and motivation for family planning,
- provision of supplies for the contraceptive method, and
- identification of any problems with the current birth control method.

Supply Visit

Supply visits are rendered to provide family planning supplies such as birth control pills or condoms.

The following minimum components must be provided

- check of blood pressure,
- check for any side effect of medications, and
- provision of supplies or prescriptions for the contraceptive method.

Laboratory Services

The following components are performed during initial or annual family planning visits:

- hemoglobin and/or hematocrit,
- urinalysis,
- cervical pap smear,
- collection of specimens for sexually transmitted diseases,
- rubella titer,
- tuberculin skin test, and
- pregnancy test may be indicated prior to the use of a particular contraceptive method.

Other Services

Other family planning services include Norplant services consisting of the system, insertion, and removal with re-insertion; IUD services, including the system, insertion and removal; Diaphragm and cervical cap services, including the device and the fitting of the device; Depo-provera; and sterilization.

Treatment Of Abnormal Lab Results

Treatment of abnormal lab results will include antibiotics necessary for treatment of sexually transmitted diseases, and referral as needed to other health care providers.

Appendix 2
COMPENDIUM OF PUBLIC AWARENESS ACTIVITIES

Audience

- Service providers
- Target population (postpartum women at or below 185% of FPL)
- Local Medicaid Offices
- Local County Health Departments
- Local Children's Medical Services Programs
- Local Early Intervention Programs (Part H)
- Regional Perinatal Intensive Care Programs
- Healthy Start Coalitions
- Healthy Mothers Healthy Babies
- Planned Parenthood
- Florida Nurses Association
- FL OB/GYN Society
- Hospitals
- Area Health Education Centers (AHECs)

Public Awareness Activities

- Speakers Bureau
- Brochures
- PSA's (radio and television)
- Posters
- Refrigerator Magnets
- Refrigerator Magnet Picture Frames
- Toys with logo
- Client satisfaction surveys
- Audio and video teleconferencing
- Speaker packets
- Conference exhibitors and display boards

Appendix 3
Projected Costs by Year

	Year One	Year Two	Year Three	Year Four	Year Five	Project Total
FP Client Years of Service	3,250	9,125	11,000	11,000	11,000	45,375
Cost at $237.00 per Year of Service	$770,250	$2,162,625	$2,607,000	$2,607,000	$2,607,000	$10,753,875
*System Changes	$100,000					$100,000
Public Awareness	$500,000					$500,000
**Evaluation	$58,800	$88,500	$34,300	$34,300		$276,300
Sub-total	$1,429,050	$2,251,125	$2,641,300	$2,641,300	$	$11,630,175
Anticipated Births averted	88.87	1,119.82	2,213.25	2,346.60		8,115.14
Savings from delivery, infant, newborn care at $7802 each	$693,364	$8,736,836	$17,267,777	$18,308,173	$1	$63,314,322
Projected Net Savings	($735,686)	$6,485,711	$14,626,477	$15,666,873	$1	$51,684,147

*Based on approximately 2,000 work hours
**See Budget for Evaluation

Note: Reimbursement will be pursued for any patients who have third party coverage. However, for family planning services the amount recovered is expected to be negligible and was not estimated for the projected costs.

State and Federal Cost Distribution
Year 1

~~Item (Match)~~	Total	State Share	Federal Share
Family Planning (90/10)	$770,250	$77,025	$693,225
System Changes (50/50)	$100,000	$50,000	$50,000
Public Awareness (50/50)	$500,000	$250,000	$250,000
Evaluation (50/50)	$58,800	$29,400	$29,400
Total Costs	$1,429,050	$406,425	$1,022,625
Anticipated Savings from births averted (55.65/44.35)	$693,364	$307,507	$385,857
Project Net Savings	($735,686)	($98,918)	($636,768)

State and Federal Cost Distribution
Year 2

Item (Match)	Total	State Share	Federal Share
Family Planning (90/10)	$2,162,625	$216,263	$1,946,363
Evaluation (50/50)	$88,500	$44,250	$44,250
Total Costs	$2,251,125	$260,513	$1,990,613
Anticipated Savings from births averted (55/45)	$8,736,836	$3,931,576	$4,805,260
Project Net Savings	$6,485,711	$3,671,064	$2,814,647

State and Federal Cost Distribution
Year3

Item (Match)	Total	State Share	Federal Share
Family Planning (90/10)	$2,607,000	$260,700	$2,346,300
Evaluation (50/50)	$34,300	$17,150	$17,150
Total Costs	$2,641,300	$277,850	$2,363,450
Anticipated Savings from births averted (55/45)	$17,267,777	$7,770,499	$9,497,277
Project Net Savings	$14,626,477	$7,492,649	$7,133,827

State and Federal Cost Distribution
Year4

Item (Match)	Total	State Share	Federal Share
Family Planning (90/10)	$2,607,000	$260,700	$2,346,300
Evaluation (50/50)	$34,300	$17,150	$17,150
Total Costs	$2,641,300	$277,850	$2,363,450
Anticipated Savings from births averted (55/45)	$18,308,173	$8,238,678	$10,069,495
Project Net Savings	$15,666,873	$7,960,828	$7,706,045

State and Federal Cost Distribution
Year 5

Item (Match)	Total	State Share	Federal Share
Family Planning (90/10)	$2,607,000	$260,700	$2,346,300
Evaluation(50/50)	$60,400	$30,200	$30,200
Total Costs	$2,667,400	$290,900	$2,376,500
Anticipated Savings from births averted (55/45)	$18,308,173	$8,238,678	$10,069,495
Project Net Savings	$15,640,773	$7,947,778	$7,692,995

State and Federal Cost Distribution
Project Total

Item (Match)	Total	State Share	Federal Share
Family Planning (90/10)	$10,753,875	$1,075,388	$9,678,488
System Changes (50/50)	$100,000	$50,000	$50,000
Public Awareness (50/50)	$500,000	$250,000	$250,000
Evaluation (50/50)	$276,300	$138,150	$138,150
Total Costs	$11,630,175	$1,513,538	$10,116,638
Anticipated Savings from births averted (YR 1=55.45/ 44.35, YRs 2 thru 5=55/45)	$63,314,322	$28,486,938	$34,827,384
Project Net Savings	$51,684,147	$26,973,401	$24,710,747

Budget for Evaluation

	Year 1	Year 2	Year 3		Year 5	TOTAL
PERSONNEL						
Research Associate	$10,000	$5,000	$5,000		$7,500	$32,500
Data Manager	$9,000	$9,000	$9,000		$9,000	$45,000
Data Entry Clerk	$15,000	$15,000	$15,000		$15,000	$75,000
Research Assistant	$15,000	$15,000			$15,000	$45,000
Focus Groups (leader, facility, payment to recipients)		$32,500				$32,500
SUB TOTAL	**$49,000**	**$76,500**	**$29,000**	**$29,000**	**$46,500**	**$230,000**
EXPENSES						
Computer Support	$5,000	$3,,000	$2,000	$2,000	$3,000	$15,000
Travel	$2000	$3,,000	$1,500	$1,500	$2,500	$10,500
Telephone/Fax	$1200	$2,,400	$1,200	$1,200	$3,600	$9,600
Postage	$6 00	$1,,200	$600	$600	$1,200	$4,200
Printing/Copying	1,0 00	$2,.400			$3,600	$7,000
SUB TOTAL	**$9, 800**	**12,000**	**$5,300**	**$,3 00**	**$13,900**	**$46,300**
GRAND TOTAL	**$ 5,800**	**$88,500**	**$>,300**	**$34,300**	**$60,400**	**$276,300**

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